

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. Agent  A. Addressee  C. Date of Delivery  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
4195 gesher St.	
San Diego, CA 92117	Service Type  Cortified Mail  Registered  Insured Mail  Co.D.  Co.D.
Article Number	Restricted Delivery? (Extra Fee)
(Transfer from service label) 7007 0710   Form 3811, February 2004   Domestic Return F	004 7195 7782